

REQUEST FOR COPY OF PERSONAL INCOME TAX OR FIDUCIARY RETURN

Please see other side of this form to request Bank & Corporation (100, 100S, 100WE or 199), Partnership (565) or Limited

Liability Compai	ny (568) Returns.			
NAME AND ADDRESS PHOTOCOPIES ARE TO BE MAILED TO	NAME AND ADDRESS	OF TAXPAYER(S) AS SHOWN ON TAX RETU	JRN/CLAIM	
TAX RETURN REQUESTED (Check box)	TAX YEAR(S)	SOCIAL SECURITY NUMBER(S) (If Joenter spouse's SSN below)	SOCIAL SECURITY NUMBER(S) (If Joint return enter spouse's SSN below)	
□ 540 □ 540A □ 540EZ □ 540ADS or □ 540NR PIT Return		SPOUSE'S SSN		
SIGNATURE OF TAXPAYER	TYPE OR PRINT NAME	DAT	E	
SIGNATURE OF SPOUSE				
DAYTIME TELEPHONE NUMBER ()				
Tax returns are available ONLY for the last 3 years. You must sign this request. Without proper authorization, we will the taxpayer, you must provide appropriate authorization to receive one of the following:				
 A letter signed by the taxpayer authorizing Franchise T you; 	ax Board (FTB) to r	release the requested material to		

• A Power of Attorney (FTB 3520) currently in effect;

An Internal Revenue Service (IRS) Power of Attorney stating that it applies to FTB (above limitations still OR

Form FTB 3516 signed by the taxpayer;

OR

In the case of a deceased taxpayer, a certified copy of the letters of administration or testamentary, dated within the past 12 months. If the letters are more than 12 months old, a clerk of the court must recertify them stating they are still in effect.

If a bankruptcy is involved and you are not the taxpayer, you must:

• Provide court documents appointing you as trustee;

OR

Provide a letter signed by the trustee authorizing you to receive this material and a copy of the court documents appointing the trustee; OR

• Provide appropriate authorization.

There is no charge for a copy of your personal income tax return if the tax year requested meets the following criteria:

- The copy of the return is requested during or after an audit or collection activity related to an audit.
- You have been a victim of a designated California state or federal disaster.

If you do not meet either of the above criteria, send a check payable to the Franchise Tax Board for \$10.00 for each tax year requested.

Mail your request to: Franchise Tax Board **RID Unit** PO Box 942867 Sacramento CA 94267-0001 For additional information call (916) 845-5375.



REQUEST FOR COPY OF BANK & CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY RETURN

Please see other side of this form to request Personal Income Tax (540, 540A, 540EZ, 540ADS or 540NR) or Fiduciary (541) Returns.

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NAME AND ADDRESS PHOTOCOPIES ARE TO BE MAILED TO		NAME AND ADDRESS OF TAXPAYER(S) AS SHOWN ON TAX RETURN/CLAIM						
TAY BETURN BEQUEETED (QL. 1.1.)			CALIFORNIA SECRETARY OF	FEDERAL EMPLOYER				
TAX RETURN REQUESTED (Check box)	TAXABLE OR INCOME YE	AR(S)	STATE NUMBER	IDENTIFICATION NUMBER				
☐ 100 — Corporation Return								
☐ 100WE — Water's Edge Corporation Return								
☐ 100S — S Corporation Return								
\square 199 — Exempt Organization Return								
\square 565 — Partnership Return								
\square 568 — Limited Liability Company Return								
I declare under penalty of perjury, I am a current authorized representative for the above taxpayer.								
SIGNATURE AND TITLE OF OFFICER OR TRUSTEE	authorized represen		R PRINT NAME	DATE				
OIGHATORE AND THEE OF OTTIOER OR TROOTEE		0	ICT KINGT TO WILL	DATE				
DAYTIME TELEPHONE NUMBER ()								

A current authorized representative of the taxpayer must sign this request and provide the business title. Without proper authorization we will be unable to provide the requested copies.

If a suspended corporation is involved, any amounts owed must be paid prior to disclosure of the requested information. To determine the amounts owed call one of the following numbers: from within the United States, (800) 852-5711; from outside the United States (not toll-free), (916) 845-6500; or for the hearing impaired (800) 822-6268.

If a bankruptcy is involved and you are not the taxpayer, you must:

• Provide court documents appointing you as trustee;

OR

 Provide a letter signed by the trustee authorizing you to receive this material and a copy of the court documents appointing the trustee;

OR

• Provide appropriate authorization.

Send no money for requests for copies of Bank & Corporation, Partnership or Limited Liability Company returns. If there are any charges, you will receive a bill.

Mail your request to: Franchise Tax Board RID Unit Corp PO Box 942857 Sacramento CA 94257-0560

For additional information call (916) 845-5375.